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HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF	DE	AT	н
CERTIFICATE OF		\sim $^{\circ}$	

	6	813	ION OF			IE OF DEATH		MARTLAND	0	6799
1. PLAC	E OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased		on: Residence b	pefore admission)
a. CC		rett		MARYL	AND	West Vir	ginia	b. COUNTY	Gran	t
b, CI	TY OR TOWN (If IRAL and give ne	outside corporate lim	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (II	outside corpor	rate limits, write R	URAL and give	nearest town)
	Oakland			2 Mo.		Mt. St	orm			
d. N.	AME OF HOSPITA	AL (If nat in haspital, g	give street	address)		d. STREET ADDRESS		20	CY!	e. IS RESIDENCE ON A FARM?
		eks Nurs	ing	Home		DESCRIPTION OF		0-	7/-	YES NO
3. NAM		Fi	-	Middle		Lost	4. DATE	Mon	th	Day Year
(Type	or print)	Marsha	11	Mertins	B A	lderton	DEATH	June	12.	1961
S. SEX		6. COLOR OR RACE	7. MARR	IED X NEVER MARRIE	DDB	. DATE OF BIRTH		9. AGE (In years lost birthdoy)		EAR IF UNDER 24 HRS
Ma	le	White	WIDOWI	DIVORCED		lay 5, 188	3	78 yrs.	Months Do	ys Hours Min.
10o. USI	UAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPLACE (Sta	te ar foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
Lab	orer -	Luke Pul	Lp &	Paper Mi	11	Allegan	y Co.,	Maryla	and. U	.S.A.
13. FATH	HER'S NAME				300	14. MOTHER'S MAIDEN	NAME			
	Will:	iam Alder	ton			Annie D	ean			
15. WAS	DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress	
n	LO	yes, give wor or bates or	23	6-14-5964	Mrs	. Ethel A	lderto	n Mt.	Storm	. W. Va.
18.	CAUSE OF DEA	TH [Enter anly ane co	ouse per li	ne far (o), (b), and (c).]		0	. /			INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Ad	enscancil	201	MA Pros	vare			ONSET AND DEATH
	177	DUE TO						No. No. 1854		
C	anditions, if an	y, which)	,							
go	ove rise to in	mediote (,	1 1		T Program		100000000000000000000000000000000000000
	use (a), stating t ing cause lost.	he <u>under-</u>	Kine	enenalized	14	Nemoscleno	BW			
_		ER SIGNIFICANT CON	~ J			NOT RELATED TO THE TER		E CONDITION GIV	EN IN PART 1	a) 19. WAS AUTOPSY
CATION										PERFORMED?
	. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of injury i	n Part I ar Part	t II of item 18.)	17.37.7	
CERTIFI SOS SOS	CONTRIBUTING EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)								
₹ 20c.	TIME OF INJURY	Manth, Doy, Ye	ar 20d. II	NJURY OCCURRED		CE OF INJURY (Home, fo		or tawn)	(Cou	nty) (State
WEDICAL 20c.	Haur a.m.	19	While of wor	Nat while	fac	ary, street, affice bldg., e	etc.)			
	p. m.					2714 DAL .	-61	12 Tuest	20.61	1 1111
		ed alive an //		led the deceased	trom	8:	50 P			that (I) (we) las
	. SIGNATURE	ed alive an	, and	19_1, and	that d	eath accurred at	M, Trom	the causes ar	d an the d	ate stated abave
	130	Grant.	W).		A	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		14Jun 6
220	NAME (Type)	B. L. Gra	ant.	M. D.		Oaklan	d. Md.			
23g. BU	RIAL, CREMATIO			23c. NAME OF CEME	TERY OF			TION (City, tawn,	or county)	(Stote)
Bu	ria I	- 1 1-	961		oint			ser, W	**	()
24 FUN	ENAL DIRECTOR	SIGNATURE	- 1	O ADDRESS -	di	A	C'D BY REGIST		STRAR'S SIGNA	ATURE
MIT	dred S	harpless		Bla	ine.	W. Va DATE	HN 1 9 '6	1 0	ilma S. H	raus
270 200		The Part St			,	2,11	MIL I		. , ,,,,	

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MILLER CECOMA. I. J.	dentify lager and		
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	. No. 19140		4
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		and Anna Barti	

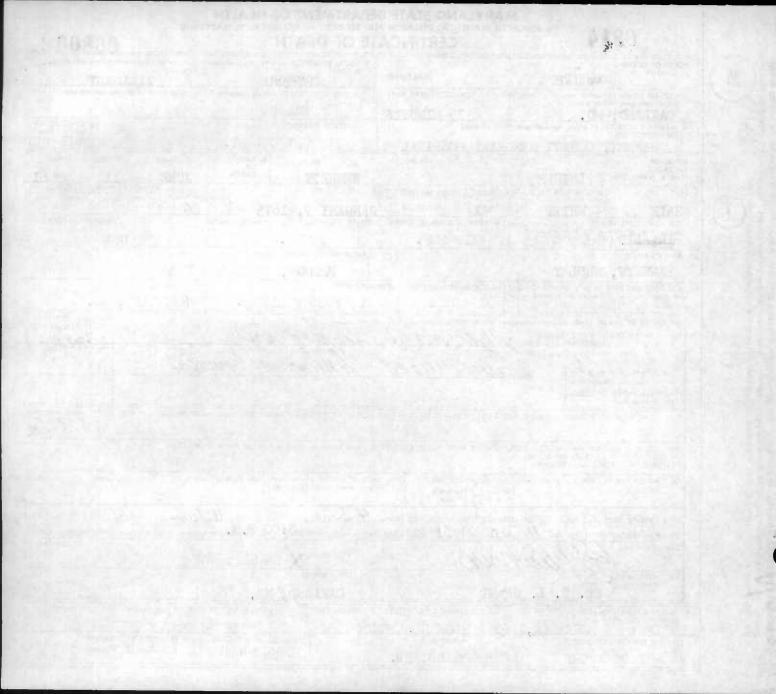
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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5.3	4.3		3 /	3.2

A STATE OF THE PARTY OF THE PAR		
100	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) b. COUNTY
1	GARRETT MARYLAND	MRYLAND ALLEGANY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
L	OAKLAND, MD. 35 MINUTES	CUMBERLAND U/ D2
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	GARRETT COUNTY MEMORIAL HOSPITAL	717 BEDFORD ST. YES NO 🛛
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) LUTHER	BENNETT DEATH JUNE 11 1961
S	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years IF UNDER 24 HRS. If UNDE
) [MALE WHITE WIDOWED DIVORCED	JANUARY 9. 1875 86 yrs.
10	Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
	INVALID (CARPENTER) SELF EMP.	PENNA. USA
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENNETT, WESLEY	PREDICE, REBECCA PERDEW
15	Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address
	Yes, no, or unknown) (If yes, give wor or dates of service) NONE	CLIFFORD WILLISON CUMBERLAND, MD.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Infarction 3/42
	TAG DUE TO	1 Mich malorenial
	Canditians, if ony, which (b) LIEMENULIZED	AMENIOFCIONOSIS
	gave rise to immediate cause (a), stating the under-	
	lying couse last. (c)	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURF OR CONTRIBUTING 2 CAUSE OF DEATH	RED. (Enter nature af injury in Part I ar Part II af item 1B.)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 40e. Hour a. m. While Nat while	PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)
2	p. m. 19 of wark at work	
	21. I certify that (I) (this hospital) attended the deceased from	4 Jan 1961, to 11 June 1961, that (1) (we) last
	saw the deceased alive on 11 Jun 1961, and that	death accurred at 3:00M, Prothe the causes and on the date stated above.
	22o. SIGNATURE	22b, DATE SIGNED
	De navernio.	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type	22d. ADDRESS
	DR. B. L. GRANT	OAKLAND, MD.
2	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
	BURIAL JUNE 14,1961 ROSE HILL C	EMETERY CUMBERLAND, MD.
0 2	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
188	BYRON KIGHT CUMBERLAND, MD.	DATE JUN 1 9 '61 Orthur S. House

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT	NT OF HEALTH—BALTIMORE, 18
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6815 CERTIFICATE OF DEATH

Reg. Dist. No. 06801

1. PLACE OF DEATH a. COUNTY	Garrett		MAR	YLAND	2. USUAL RES	Mary		lived. If instituti b. COUNTY	on: Residence to	efare admis	ision)
RURAL and give no	outside corporate lime earest town) Inton Rt	# 1	c. LENGTH OF STAY	Y IN 16	c. CITY OR		ton R	t # 1	URAL ond give	nearest faw	m)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, ç	jive street (address)		d. STREET	ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Cora	•	Alice		reen	ost	4. DATE OF DEATH	June	1	Doy 7	Yeor 1961
5. SEX Female	6. COLOR OR RACE White	WIDOWE	DIVORCE	ED 🗌	B. DATE OF BIR	3, 18	874	9. AGE (In years lost birthday) yrs.	Manths Da		
during most of world Housewife	king life, even it refired		wn Home	OR INDUS	-	oin Ru				SA	COUNTRY
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME			110	
Georg	ge Gilpin				I	Mary I	Ellaf	ritz			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	O. 17. IP	FORMANT	- 0		Add	ress		
no	(If yes, give wor or dates of s		none		Tames V	V. Gre	een	Swanto	n Rt	# 1,	Md.
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-	1	ateus.	50	les	e (Zu.	raf		109	120-
CAI	HER SIGNIFICANT CON								EN IN PART 1(c	PERFC	AUTOPSY DRMED?
G (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRED), (Enter noture o	of injury in P	art I ar Part	II of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While of work	IJURY OCCURRED Nat while at work	20e. PLA foci	CE OF INJURY lary, street, affic	(Home, form, ce bldg., etc.)	20f. (City o	or town)	(Caun	ity)	(State)
actual SIGNATURE PHYSICIAN'S	at I attended the 6/9/ 6.E. MANCE.		61, and that	/1/ t death	occurred at	12:35	DM, from ADORESS (Street	eet, city or lawn,	nd on the	date state	deceased ed abave ATE SIGNED
22a. BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEM	AETERY OR				ON (City, tawn, o	or county)	(Stat	e)
Burial	6/19/6	1	Glendal	e Ce	emeter	V.	Gar	rett	M	arvla	and
23. FUNERAL DIRECTOR	SSIGNATURE	7 /	ADDRESS				BY REGISTR		TRAR'S SIGNA	TURE	
Lecald 1	1. 1/2un	rich	Oakland,	Mar	yland	DATE	UN 23	'61 (Inthun S.	Traus	

VS A15 (4) 15M 10/57

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6815

24. FUNERAL DIRECTOR'S SIGNATURE Kerald N. Minnich

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDI

IFICATE	OF DE	ATH	0680

25a. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

			CERTIFICA	TE OF D	LAIII			8.51		2.
1. PLACE OF DEATH o. COUNTY	GARRETT		MARYLAND	2. USUAL RESI		here deceased	b. COUNTY		e before o	Imission)
	(If outside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	autside corpor	rate limits, write RI	URAL and g	ive nearest	town)
OAKLAI			5 days	1 X	OAKI	I.A.MD				
OR INSTITUTION				d. STREET A	1	TGH STE	? हाहा		0	RESIDENCE ON A FARM?
B. NAME OF	Fig		Middle	Las		4. DATE	Man	th	Day	Year
(Type or print)	STU		FAIRFAX		LL.SE	OF DEATH	JUN		7.8	19 61
SEX	6. COLOR OR RACE		RIED NEVER MARRIED	B. DATE OF BIRT		- 6-4	9. AGE (In years	<u> </u>	YEAR IF L	JNDER 24 HRS
1/1	ToT	WIDOWI		4/9/8	30	100	lost birthday)	Months	Days Ho	ours Min.
a. USUAL OCCUPATI	ON (Give kind of wark	1	KIND OF BUSINESS OR INDU			or foreign co	0.00	12. CITI2	EN OF WH	IAT COUNTRY
during mast af wa	rking life, even if retired AWYER		I.AW		,	MARYLA			U.S.	
3. FATHER'S NAME	ELVA T. TAT.		ДАН	14. MOTHER'S	MAIDEN		A IVED		0.0.	n.
	OTTMODE C	TO A ATO C	TIANCETT	Ta: MOTHER S			T DTO	COD		
		EMMES			بيانا	IZABETI	H BISH			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)		NFORMANT						
NO		21	.6-38-1383A	CLARA BEI	L,H.	BRINE	R 47 H	IIGH S	T., O	AKLAND
	ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne far (a), (b), and (c).	tromb	osia)				AND DEATH
Canditions, if gove rise ta cause (a), stating lying couse lost	the <u>under-</u>	Gi	enemaliza	d an	eni	oscle	nosis)		V
PART II. OT	THER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEATH BU	T NOT RELATED TO) THE TERM	MINAL DISEASE	E CONDITION GIV	'EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	f injury in	Port 1 ar Part	t II of item 1B.)			
20c. TIME OF INJU Haur o. m. p. m.	10	While		LACE OF INJURY octory, street, offic			or town)	(C	ounty)	(Stote
			ded the deceased fram.		7 . 0		JUNE 18,			
22a. SIGNATURE	2 hou	AV	WO,	M.D. PHYS.	G _ M	AED.	STAFF PHYS.	u un ine	date sto	22b.DATE SIGNED
22c. PHYSICIAN NAME (Type)	B. L. GRA	NT, N	I.D.	22d. ADDR				KLAND	, MAR	YLAND
23a. BURIAL, CREMATI	ON, 23b. DATE THEREO	OF	23c. NAME OF CEMETERY (OR CREMATORY		23d. LOCAT	TION (City, town, o	or county)		(State)
REMOVAL (Specify Burial	6/20/6		Oakland Ce	meterv		Oak	land, M	arvla		
ملے مال بلد ملہ کا است		eme .						- A/		

Oakland, Maryland DATE UN 23'61

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs ofter death. ING PHYSICIAN: The law requires that the death certificate be executed w TO HOSPITAL OR VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

61

(State)

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		AND A STREET	
A September			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06804

2Sb. REGISTRAR'S SIGNATURE

Circhur S. Kraus

250. REC'D BY REGISTRAR DATE JUN 1 2 '61

													<u> </u>
	COUNTY Garret	t		MARY	LAND 2	usual RESIDE		re decease	d lived. If instit b. COUN			re admis	sian)
	CITY OR TOWN (IF RURAL and give need Mt. Lake	autside corporate limit prest tawn) Park.	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO			orate limits, write	e RURAL and	give nec	arest taw	n)
_		L (If nat in haspital, g	ive street o	address)		d. STREET AD	DRESS	,	4.1.3				SIDENCE A FARM?
D	AME OF ECEASED (ype ar print)	Charl		Philli:		lost [artin		4. DATE OF DEATH	_	nanth ane	7,	,	Year 19 61
s. se	ale	6. COLOR OR RACE White	7. MARRI WIDOWE	Marie Control	-	n. 22,	187	6	9. AGE (In year last birthday 85		Days	IF UND Haurs	ER 24 HR Min.
Me	at Cutte	N (Give kind of work on the life, even if retired) Reta		rocery		Prest	on C	0.,	w • Va •		S.A		COUNTRY
13. F	Britten	P. Mart	in			Emma							
{Yes,	NAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of se	fenive	-32-8356		ten L.	Mar	tin		Lake	Par	k,	Md.
	PART I. DEAT	mediate (L	e far (a), (b), and (c). Le ne puna Men vo su	1 7				ici			BRAND BRAND	
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION	GIVEN IN PA	ART 1(a)	19. WAS PERFO YES	DRMED?
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY C	CCURRED.	Enter nature af	injury in P	art I ar Pai	rt II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	NURY OCCURRED Nat while at wark		OF INJURY (H y, street, affice		20f. (City	y ar tawn)		(Caunty)		(State
	21. I certify that sow the decease 22a. SIGNATURE	(I) (this hospital	June June	ed the deceased	from3	O Apm	4:45		6 Jun			stoted	
	22c. PHYSICIAN'S	Boh	and	Anno.	M.I	22d. ADDRES	S	ECTOR .				3 Ju	SIGNE
220	NAME (Type) BURIAL, CREMATION		ant,	M. D.	ETERY OR (land	, Md	TION (City, taw	ID OF COURT		101-	te)
P. 1230.	REMOVAL (Specify)	6/10/19		Oakland			-		and. I			(Sta	iej

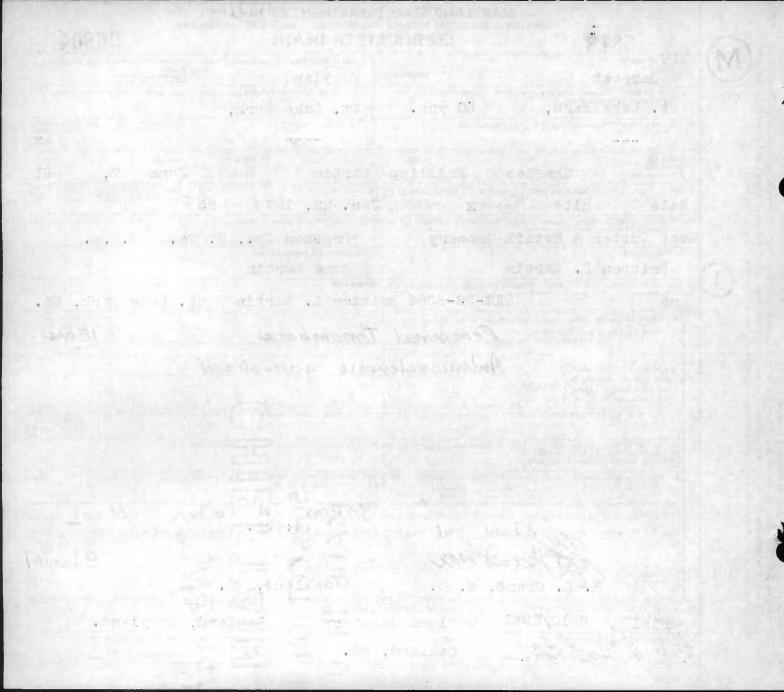
Oakland, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. ING PHYSICIAN: The law requires that the death certificate be executed

Poge 4

TO HOSPITAL OR VR A1S (4) 1SM 9/59

24/FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06805

1. PLACE OF DEATH o. COUNTY	CARRETT		MARYLAND	2. USUAL o. STAT		Where dece		. If institution b. COUNTY		RRE'I		on)
b. CITY OR TOWN RURAL ond give	(If autside corporate limits,	write c. LENC	OTH OF STAY IN 16	c. CITY	OR TOWN	(If outside co	orporote li	mits, write RI	JRAL ond	give near	est town)
CAKL	AND	1	day	RU!	RAL-C	DAKLAN	ID		X			
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	e street oddress)		d. STR	EET ADDRES	SS				е	IS RESI	DENCE FARM?
Garrett	County Mem	orial l	Hospital	RO	ITE #	# 2 -	BOX	115				NO 🔀
3. NAME OF DECEASED	First		Middle		Last	4. DA	TE	Mon	th	Day	Y	/ear
(Type or print)	WTITT	AM	GEORGE	MA	PTINC		ATH	JUN.	E	23	. 1	9 67
S. SEX	6. COLOR OR RACE 7	MARRIED T	NEVER MARRIED	B. DATE OF	BIRTH			E (In years	IF UNDER	-	7	
M	TW W	VIDOWED 🗍	DIVORCED [Mar.	1 707	\$	ids	1, 2 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPAT	ION (Give kind of work dor	ne 10b. KIND OF	BUSINESS OR IND			State or foreig	gn country)	47	12. CIT	IZEN OF	WHATC	OUNTRY
FOP	rking life, even if retired)	STI VILL	T ROAD D	EPT.	1016	MNSVI	TTANT	ΓΛ.		II C	Λ	
13. FATHER'S NAME			J-PURIT U	COLUMN STATE OF THE PARTY NAMED IN	HER'S MAID	ALCOHOLD BY THE	SV ILIV.			V + W 1	A. o	
	TATET T A RA	7/CA CDC	TNCTY	1	CI	IR TST]	TNE	TATO	ىلىشىڭ ك	TOAN	Т	
	ER IN U. S. ARMED FORCE	S? 16. SOCIAL		INFORMANT	12.27	227 1	LIVE.	Addr		LUSSI		
(Yes, no, or unknown)	(If yes, give war ar dates of servi	Z15-14	-4271	THOTT	(WIP	E)	N 7 7 7	R #	2 -	BOX	114	5
	ATH [Enter only one couse			PACTT.	H. MA		HY	OAK	LAND	LINTE	VXI Yed	-WeekI)
	ATH WAS CAUSED BY:	0 1	•					0 4 4 4 4			TAND	DEATH
	IMMEDIATE CAUSE (0)	Sepe	cemia							-	30	ay
09	2 X DUE TO	16-	1.		4	1 /	-1	+	•	1		
Conditions, if		~4 Des	ess 111	ich	must	iple (SME	proco	cous	1		
gove rise to cause (a), stating		0	4		.1 .	1						
lying cause lost		infec	Tious V	COLY	UN CA							
PART II. O' 20a. ACCIDENT W OR CONTRIBUTION (If EITHER, NOTIF	THER SIGNIFICANT CONDI	TIONS CONTRIBI	JTING TO DEATH BU	JT NOT RELAT	ED TO THE T	TERMINAL DIS	SEASE CON	IDITION GIV	EN IN PAR	T 1(o) 19	PERFO	
	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HO	W INJURY OCCURE	RED. (Enter no	ture of injur	y in Port I ar	Part II of	item 1B.)				
20c. TIME OF INJU		20d. INJURY O	1 1	PLACE OF INJ	URY (Home,	form, 20f.	(City or to	wn)	(County)		(State)
Hour o.m.	19		t while '	ocioty, sireei,	office blug.	., elc.)						
	ot (I) (this hospital)		deserved from	Jane		1961			, 19	67 the	+ /1\ /-	الما
	TTTTT											
sow the deced		the bearing 17	61, and that	death occ	urred pre	INI, TI	om me	causes on	a on the	e dote		DATE
1	Francis	AMY)	M.D. PHYS		MED. DIRECTOR	ST.	AFF YS.		M.	***	SIGNED
22c. PHYSICIAN'S NAME (Type)				22d. /	ADDRESS							
, ,	B.L. GRAI	MT MI)	ľ	PHIRD	STRE	CET	OA)	KLAN	D, A	TARY	LAN
23a. BURIAL, CREMATI		23c. N	AME OF CEMETERY	OR CREMATO	RY	23d. LC	OCATION	(City, town,	or county)		(Stote	e)
REMOVAL (Specify	6/26/61	Но	ves Cemet	em		G	arret	t.		Mary	lan	d
24. FUNERAL DIRECTO			DRESS	9	25a.	REC'D BY RE		25b. REGI	STRAR'S SI	-		
Gerald	n. min	Al Oak	land Mar	vland	DATE	E.IIIN 2	2 '61	0	11 . 0	4		

ter this certificate has been signed by the attending physician and campletely filled in by the funeral director, dear use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should by ATTEL with 24 haurs after d page 3 shauld be detoched far use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. DING PHYSICIAN: The law requires that the deoth certificate be executed w ospital ar attending physician.

may be remined TO FUNERAL DIRECTOR TO HOSPITAL OR

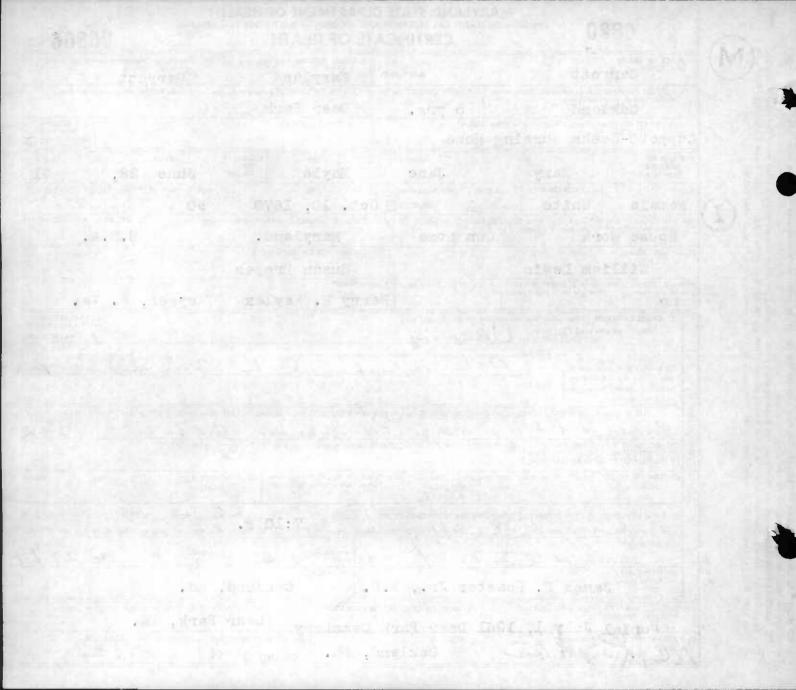
VR A15 (4) 15M 9/59

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TO HOSPITAL OR VR A15 (4) 1SM 9/59 6820

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Garre	tt	MARYL		2. USUAL RESIDENCE (Who o. STATE Maryland		If institution:		ore admission)		
b. CITY OR TOWN (If outs RURAL ond give neorest Oakla)	town)	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF or		ts, write RURA	AL ond give ned	arest town)		
d. NAME OF HOSPITAL (III OR INSTITUTION CUPPE LT—Wee]	nat in hospital, give s ks Nursin	rreet oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Mary	Middle Jane		Mayle	4. DATE OF DEATH	Manth June	28,	y Yeor 19 61		
	E 2	MARRIED NEVER MARRIE	-	DATE OF BIRTH 3t. 10, 187	lost	1 1	UNDER 1 YEAR lonths Doys	Hours Min.		
10a. USUAL OCCUPATION (C during most of working I House Worl	Give kind of work done ife, even if retired)	10b. KIND OF BUSINESS OF OWN Home	INDUSTR	Maryland			U.S.A	WHAT COUNTRY?		
13. FATHER'S NAME William	n Lewis			14. MOTHER'S MAIDEN N						
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FORCES? give war or dates of service			ormant cry H. May]	le x K	Address eyser	, W. V	'a •		
PART I. DEATH WIMM Conditions, if only, was gove rise to imme couse (o), stoting the way lying couse last.	DUE TO which (b)	DREMIA Anteniosa	læn	tie - Car	dio - Re	saul (disers a	SET AND DEATH WEEK		
PART II. OTHER SI PART III. OTHER SI PART I	DERLYING 20b	ONS CONTRIBUTING TO DEA	7.1	wing of di	r 6.1	-61	IN PART 1(o) 1	P. WAS AUTOPSY PERFORMED? YES NO		
20c. TIME OF INJURY N Hour o. m. p. m.	, v	Od. INJURY OCCURRED While Not while t work ot work	20e. PLAC focto	E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)		
saw the deceased of 220. SIGNATURE	21. I certify that (I) (this hospital) attended the deceased from 17 5 5 19 to 6 28 1961, that (I) (we) last saw the deceased alive on 6 28 1961, and that death occurred at M, from the causes and on the date stated above. 220. SIGNATURE ATTENDING MED. STAFF 22b. DATE 22b. DATE 22c. PHYS. DIRECTOR PHYS. 22d. ADDRESS									
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGN	July 1, 1	ADDRESS	rk (Cemetery		rk, Mo	-			



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6821	CERTIFICATE OF DEATH	R

Reg. Dist. No. 06807

a. COUNTY	Garrett		MARY	LAND	a. STATE	DENCE (Wh		d lived. If instituti b. COUNTY	-	rett	mission)
RURAL and give no	If outside corporate limits, eorest town) ke Park	write	6 mos.	IN 1b		TOWN (If o		rote limits, write R Paァル	URAL ond	give nearest t	lown)
	TAL (If not in hospital, giv	e street od			d. STREET		ane .	CIA		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Dorothy		Middle Louise	B/F	oreland	st	4. DATE OF DEATH	Mon		Day	Yeor
5. SEX	6. COLOR OR RACE		D NEVER MARRIE	DE	B. DATE OF BIRT	Н	200	9. AGE (In years last birthdoy)		14 R 1 YEAR IF U	
Female	White V	VIDOWED					943	17 yrs.			
during most of work Student 3. FATHER'S NAME	king life, even if retired)		chool	K INDUS	Oal	rland	Ma	ryland	12. CI	USA	HAT COUNTRY
	lesson Manage				14. MOTHER'S						
	hur Morels		OCIAL SECURITY NO.	17 18	UO 1	rothy	Kise	er Add	rate		
	(If yes, give war or dates of serv	ice)	none		-	othv	Mana		Mt.	Lake 1	Park.
Conditions, if a gove rise to i couse (o), stoting lying couse lost. PART II. OTH	mmediate (TIONS CO	Astrec	y t	OM & O	THE TERMIN	NAL DISEAS	Condition GIV	EN IN PAI	PEI	AS AUTOPSY REFORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 1 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCR	BE HOW INJURY OF	CURRED). (Enter nature o	f injury in P	ort I or Pari	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	While	URY OCCURRED Not while of work	20e. PLA foc	ACE OF INJURY (tory, street, office	Home, farm, bldg., etc.	20f. (City	or town)		(County)	(Stote)
actual SIGNATURE	erbert H. Le	19 6	and that	death	и.о. 77	10,00%	ADDRESS (S)	n the Causes of	and on I	last saw the the date st	he deceased ated above DATE SIGNED
	N, 226. DATE THEREOF		22c. NAME OF CEME		crematory			rion (City, town, o	or county)		Stole)
3. FUNERAL DIRECTOR		1	ADDRESS	0011	ac oct y	240. REC'E	BY REGIST		STRAR'S SI		y Land
Gerald,	1. Minnie	in c	Dakland,	Mar	ryland	DATE JU				. Kraus	

4)

	HERED TO STADISTICAL	
	TOTAL MARKET	
The second secon		
		0.5
e = 1		the state of the same

Page 4

24 hours after d

ENDING PHYSICIAN: The fow requires that the deoth certificate be executed w

6822

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

06808

				keg. Disi, Ito.
1. PLACE OF DEATH o. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceased lived. If instituti b. COUNTY GARRETT	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First DECEASED (Type or print) JAMES	Middle JOHN	NORMAN	4. DATE Mor OF DEATH JUNE	9 1961
5. SEX 6. COLOR OR RACE 7. MARR WHITE WIDOW!	RIED NEVER MARRIED DIVORCED	NOV. 21,	1878 9. AGE (In years 1872 Printed by yrs.	Months Doys Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER (RETIRED)	KIND OF BUSINESS OR INDU	UNKNU	VN	U.S.A.
JOHN NORMAN		NELLIE	NAME ?	
(Yes, no, or unknown] (If yes, give war or dates of service)		MRS. CILIA		MILLER, MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost. DUE TO (c)	Corcumis etamis	of left b	they we	onset and death Gya.
PART II. OTHER SIGNIFICANT CONDITIONS (200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE			VEN IN PART 1(o) 19. VAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. II While of wor	Not while fo	ACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State)
21. I certify that I attended the decease alive on	ed fram Same Line of that death with the second	n occurred at 8: 10) ,	that I last saw the deceased and an the date stated above DATE SIGNED
220. BURIAL, CASAMATHON, REMOVAL (Specify) BURIAL 6/12/61	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, 19W),	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE

TO FUNERAL DIRECTORY filled in by the function and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the registror prior to buriol, cremotion, or remayol, and in any event within 72 haurs after death. TO HOSPITAL OR A VS A15 (4) 15M 10/57

FOR STATE HEALTH DEPT.

TO DEPUTY

YAL EXAMINER: This certificate should be executed within 24 hours after deem. If any delay is recessary, please execute the carrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of Health, or lis designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OCAY		00003
1. PLACE OF DEATH o. COUNIY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	
Garrett MARYLAND	Maryland. Garret:	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	
write RURAL and give neerest town)	X	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Rural Deer Park	. e. IS RESIDENCE
	Paj	ON A FARM?
	Route #219, 5 Mi. N. Deer	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
(Type or print) Floyd V.	Riley DEATH June 30.	19 67
	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1	
and a	ay 22, 1878 lest birthdey) Months D	eys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
done during most of working life, even if retired) Wn Farm	Maryland. U.S	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Riley	Margaret Cuppett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgive were released service)	NFORMANT Address	
no — Mr	s. Robert Paugh Mt. Lake 1	Park, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myocardial Infe	arction, acute	Minutes
11201	CENTER OF THE PARTY OF THE PARTY.	
Wings, 1020 Tel. 02	is	Years
geve rise to immediate cause		
(e), steling the underlying DUE TO Hypertension		Years
(c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) 19. WAS AUTOPSY
TAKI II. ONLE SIGNIFICATI CONTINUES TO SERVICE TO SERVI	The second of th	PERFORMED?
5		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	inter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (Count	ry) (State)
	ory, street, office bldg., etc.)	
7 1 3		
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes , Accident , Suici	ide, Homicide, Undetermined manner	
L & / L	CHIEF MEDICAL EXAMINER	
SIGNAPURE IN I Leuter J.	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	- DEDUTY MEDICAL EVAMINED PAR	6-30-61
examiner's James H. Feaster, Jr., M.	Address (Street, city, town, or county) Oakland,	Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stete)
Burial 7/3/1961 Thayerville	Cemetery Garrett County,	Md.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
Att Leighton Oakland,	Coton 2.	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

diaments The branching the second Many Many Large a large of the free feel sanger THEY RE, LEVE | SE -*** John Killey The Mrs. Cober & Pauch Mr. Lelie Park, Ma. totabat mulionital interespect to A COMBEOGRAPHS niemon's his words of the and the state of the second of , El , bearing to the land, the

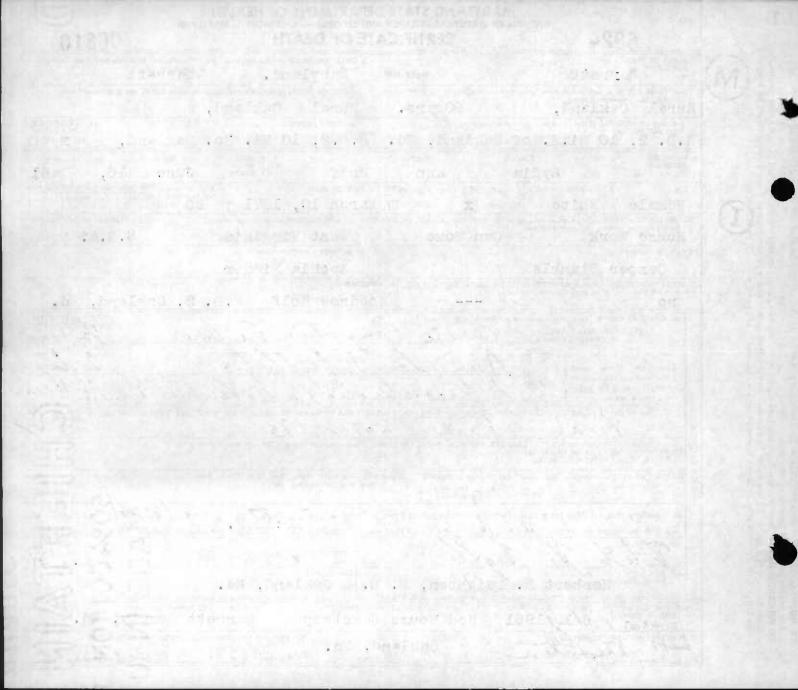
TO HOSPITAL OR

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

6824

1.	a. COUNTY Gar:	rett	MA	RYLAND	2. USUAL RESIDENCE	(Where deceased li	ved. If institution: b. GHTPE	Residence before	e admissian)	
	b. CITY OR TOWN (IF	autside carporate limits, w	vrite c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	(If autside carporate	e limits, write RUR	AL and give near	est tawn)	
R	ural Oa	kland,	60 yr	s.	Rural Oakland,					
	d. NAME OF HOSPITA	AL (If nat in haspital, give	street address)		d. STREET ADDRES	SS	1	e	IS RESIDENCE	
R	D. 2, 1	O Mi.S. of	Oakland,	Md.	R.D.2, 10	O Mi. Sc	. Oakla	ind.	ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	First Lydia	Midd Ann		Rolf Last	4. DATE OF DEATH	June	16.	Year 19 6 1	
5.	SEX		MARRIED NEVER MAR		8. DATE OF BIRTH	9.	AGE (In years IF last birthday)			
	Female	2175 B S			March 10,	1871	90 yrs.	Manths Days	Haurs Min.	
100	during most of work	N (Give kind af wark dane ing life, even if retired)	10b. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (S	itate ar fareign caun	try)	12. CITIZEN OF	WHAT COUNTRY?	
	House Wo	rk	Own Home		West V	irginia		U.S.A	?	
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
	Casper	Blamble			Sophia	Ridder				
		IN U. S. ARMED FORCES		17. IP	NFORMANT		Address			
	no		and and and	W	oodrow Ro	lf R.D	. 2, 08	kland,	Md.	
		TH [Enter anly ane cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a), (b), and (c).]	machine	F	1	INTER	TAND DEATH	
	1122	DUE TO	a cocara	-	11 - 1	1 Rins	ecres .	/-	- Done	
	Canditians, if an		Aunian	100	Filail	11.		2	down	
	gave rise to in	nmediate (1 L		- AND COL	- alle		0 1	1 10	
	cause (a), stating t lying cause last.	he under-	Mercos	cle	volice /a	die la.	router	Vindani	to Know	
Z	PART II. OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19	. WAS AUTOPSY	
CATI	V	iral	bastre	E	nterit,	15			PERFORMED? YES NO	
L CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	. DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature af injur	y in Part I or Part II	af item 1B.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	V	20d. INJURY OCCURRED While Not while It wark at wark	20e. PL	ACE OF INJURY (Hame, ctary, street, affice bldg.	farm, 20f. (City ar	tawn)	(Caunty)	(State)	
	21. I certify that	t (I) (this haspital) at	ttended the decease			19. 10 P	kene /6 e causes and		it (I) (we) last	
	22a SIGNATURE	ed dilve di	17. dr	ia mar c	learn accurred at	M, fram fn	e causes and	an the date :	22b, DATE	
	Herher	t 1. 1	caplo.		M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	19	SIGNED	
	22c. PHYSICIAN'S	1-	1		22d. ADDRESS		11113.	-	scarce or 1	
	NAME (Type)	Herbert H.	Leighton,	M. 1	O. Oakla	and, Md.				
230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b, DATE THEREOF	23c. NAME OF CE		R CREMATORY Cemetery	23d. LOCATIO Garr	N (City, tawn, or o		(State)	
24.	FUNERAL DIRECTOR'S	S(GNATURE)	ADDRESS		25g.	REC'D BY REGISTRA		AR'S SIGNATURE		
7	HT Le	idelan		kland	1. Md.	JUN 2 0 '6	4	Ulmy & the		
/	-	1			DATE	ROLL W O O	· I Ch	inung S. The	MA	



FOR STATE

TO DEPUTY ME CELL EXAMINER: This certificate should be executed within 24 hours after depended be seen; please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3. The funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any examination 72 hours effer death. 1 vs.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06811

	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admiss	ion)					
A	GARRETT	* STATE Maryland b. COUNTY Garrett						
/[b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
1	OAKLAND 3 HOURS	X Rural Crellin						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDEN						
	GARRETT CO. MEMORIAL HOSPITAL	YES NO						
1	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year						
		haffer DEATH JUNE 21ST. 19 61						
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H						
		OV. 11. 1914 46 yrs. 10011111 2013	1.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	f 11. BIRTHPLACE (Stelle or foreign country) 12. CfTIZEN OF WHAT COUN	TRY?					
	SHOVEL OPERATOR State Roads	MARYLAND U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	Charles Shaffer	Laura Winters						
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	NFORMANT Address Md.						
1	no 213-18-2372 Mrs	s. Priscilla Shaffer Rural Crellin	1,					
	18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c).]	RRHAGE, PONTINE AREA, ACUTE 3 HRS.						
1	331X DIF TO							
1								
	Conditions, if eny, which) HYPERTENSION	YEARS						
1	geve rise to immediate cause (e), stating the underlying DUE TO							
	cause lest. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED						
1	S OBESITY	YES X NO						
- 1	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	nter neture of injury in Pert I or Pert If of item 18.)						
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) ry, street, office bldg., etc.)						
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy 🔀 , Inspection 🔀 , Inquiry 🔀 , and in my opinio	n					
1	death resulted from: Natural causes , Accident , Suicident	de, Homicide, Undetermined manner						
H	1 X	CHIEF MEDICAL EXAMINER						
	SIGNATURE COM I Contain for	M.D. ASSISTANT MEDICAL EXAMINER						
1	EXAMINER'S JAMES H. FEASTER, JR., M.	D. DEPUTY MEDICAL EXAMÍNER OAK., MD. 6-21-61						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)							
	Burial 6/24/61 Garrett County	y Gardens Oakland, Maryland						
1	2 3 m	ryland DAYUN 23'61 Chilun 8. Kraus						

Miles Comment of the the sale of the sale of 6825

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MAR

CERT

EARCH AND RECORDS — BALLIMORE I, MARIEAND	
FICATE OF DEATH	06812

1	a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
Y	Garret	b —		MARY	LAND	Maryland Garrett								
	b. CITY OR TOWN (If RURAL and give new Oakla	arest tawn)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Oakland								
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, s	give street	address)		d. STREET AL		2			e. IS RE	SIDENCE A FARM?		
	Garrett Co	unty Memor	ial !	Hospital		Ro	ute #	۷,			YES [NO 🔯		
3.	NAME OF DECEASED (Type or print)	Amy	rst	Middle Cea:	tta	Stoc		4. DATE OF DEATH	June		Doy 25	Year 19 61		
S	. SEX	D 3. E	ATE OF BIRTH	1		9. AGE (In years last birthday)	Manths Do		1					
	Female	00	tober	17, 1	896	64 yrs.	Manins Do	lys Haurs	Min.					
16	Da. USUAL OCCUPATIO during mast af warki HOUSEWI	ng life, even if retired	dane 10b	. KIND OF BUSINESS O	r industry			ar fareign co t Vir			ed Sta			
13	3. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME						
1	C1:	inton	Mc	Kee	0.34	Fl	orenc	e LaFe	olhetta					
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	. 17. INFO	RMANT			Add	ress				
T,		yaz, giro war ar aaraa or			Edv	ward St	ockma	n, Oal	kland, Ma	aryland	(hush	pand)		
	18. CAUSE OF DEAT	TH [Enter anly ane co	use per l	ine fam(a), (b), and (c).			1 2				INTERVAL B			
	PART I. DEAT	H WAS CAUSED BY:	1)	Caroni	OM	a 01	An	NO	las		6-14			
	151X	DUE TO				Y	1/							
4	Canditians, if an)		100	0	V							
1	gave rise to in cause (a), stating t)											
	lying cause last. (c) (c)													
MOITACIENTA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \text{ NO } \text{ NO } \sum \text{ NO }													
CEDTIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
14	20c. TIME OF INJURY	Manth, Day, Ye		INJURY OCCURRED		OF INJURY (ar tawn)	(Cau	nty)	(State)		
LEDICAL DATE	Haur a.m.	19	While at wo	Nat while	ractary	r, street, affice	blag., etc.	1						
		(I) (this hospito	I) otten	ded the deceosed	from	194	10	to .	June 25	. 19 67	that (I)	(we) last		
				19 <u>61</u> , and										
	22a. SIGNATURE		- 1	1	mar aco			,			2	26 DATE		
	les	diens	2/6	lance	M.D	ATTENDING PHYS.	MI MI	RECTOR [STAFF PHYS.		6/26/	61 GNED		
1	22c. PHYSICIAN'S NAME (Type)				-11	22d. ADDRE	SS							
1		ndrew E. M	an ce	M. D.		Oakl	and,	Maryla	and					
2	3a. BURIAL, CREMATION			23c. NAME OF CEMI					TION (City, tawn,		(Sto			
	Burial (Specify)	June 27,	196		ta Cen	netery			ra Alta,			a.		
2	4. FUNERAL DIRECTOR'S			ADDRESS			25a. REC'	D BY REGIST	TRAR 2Sb. REGI	STRAR'S SIGN	ATURE			
	P. R. Wat	son	Ter	ra Alta, W.	Va.		DATE	N 29'	61 0	alling 8. 1	Track			

VR A1S (4) 1SM 9/S9

Transfer to the second of the Bull treatment plant to the search medic Coldinary and trade are constant to the first that the first the coldinary 10)

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

SIICAL KE	SEMMOII	AITU	KECOK	J3 —	DALIIM
CER1	TIFIC A	ATE	OF	DE	ATH

a. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	befare admission)
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	11	rporate limits, write RURAL and give	negrest town)
RURAL and give nearest town) Oakland	14 Hrs.	X Oakland	ground and ground and ground	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Garrett County Memorial		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Charles	Middle William	Lost 4. DAT OF DEA	TH -	Day Year 19 61
5. SEX 6. COLOR OR RACE 7. MAR	THE RESERVE OF MALE	B. DATE OF BIRTH	June	EAR IF UNDER 24 HRS.
Male White WIDOW		12/13/1906	last birthday) Manths Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareig	n country) 12. CITIZEN	OF WHAT COUNTRY?
Blacksmith - Construct	ion work	Oakland, Mary	land Uni	ted States
13. FATHER'S NAME George WAL Willt		14. MOTHER'S MAIDEN NAME Zerelda	Merrill	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	3-10-5380
(Yes, no, or uninger) (If yes, give wor or dates of service)	На	rry McRobie	Oakland, Md.	
18. CAUSE OF DEATH Enter only one cause per li	ne far (a), (b), and (c).]	1///		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	arehood	Vanaulas	Trei Sent	MILE AND DEATH
IMMEDIATE CAUSE (a)	1 Right	Panahellar \	1 0	7 1
724.1	7	1/2	exula Dica	. 11.1
Canditians, if any, which gave rise to immediate (b)	minorce	aroue y as	edular Diseas	e professor
cause (a), stating the under-				
lying cause last. (c)				LISO MASS ANTERSEA
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN PART I	PERFORMED?
Devere Une	rosclarose	a ap Coron	ary lessels	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter ng/ure af injury in Part I ar	Partial of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a.m. While at wa	Nat while fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	City or town) (Cau	nty) (State)
21. I certify that (I) (this haspital) attend	ded the deceased from	June 1960 1	June 2 1061	, that (I) (we) lost
saw the deceosed olive an June -		death occurred at 15M, fro		
22a. SIGNAPURE	and mark	deall occurred draggim, no	an the cooses ond on the o	22b. DATE
Wester to the	ahloz	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	4 (SIGNED
22c. PHYSICIAN'S	7,500 2	22d. ADDRESS		farely !
NAME (Type) Herbert H. Leighton	a. I. D.	Oakland, Man	ryland	
2- BURIAL CREMATION COL DATE THEREOS	23c. NAME OF CEMETERY C		CATION (City, tawn, ar county)	(State)
Bur 1a1 6/4/1961	Ferndale Ce		0-17 2 2	ld:•
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REC		ATURE
The Leightlan	Oaklan	d, Md. DATE UN 5	'61 ariling & He	

